State of California-Health and Human Services Agency

Department of Health Care Services
Systems of Care Division

ANNUAL REPORT OF HEARING TESTING

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Reporting School Year

**REPORT DUE JUNE 30
CURRENT SCHOOL YEAR**

CDS Code Number	School District	County
County　　　District		

Address (number and street)	City	ZIP Code	Office Telephone Number

Supervisor of Health	Email Address
Name:　　　　　　　　　　Title:	

GRADES IN DISTRICT (1)	Enter Number of Pupils Enrolled in EACH GRADE as of the October (CALPADS) Report (2)	INITIAL SCREENING Number of Pupils Screened Per Sec. 2951(c), CCR, Title 17 (3)	RESULTS Number of Pupils Failed Both Threshold Tests Per Sec. 2951(d), CCR, Title 17 (4)	DISPOSITION AND FOLLOW-UP	
				Number of Pupils Referred for Medical and/or Audiological Evaluation [From Col. (4)] (5)	Number of Pupils Examined by Doctor and/or Audiologist or Under Treatment (6)
* or　K / 1					
2					
3					
4					
*5					
6					
7					
*8					
9					
* or　10 / 11					
12					

* All pupils in these grades shall be tested annually (Section 2951(c), CCR, Title 17).

SPECIAL EDUCATION: (See instructions on reverse side of this form.)

**DISTRIBUTE A COPY BY
ONE OF THE FOLLOWING:**

❑ Mail to:
California Department of Health Care Services
Systems of Care Division
Hearing Conservation Program
MS 8103
P.O. Box 997413
Sacramento, CA 95899-7413
Attention: Health Program Specialist

❑ Fax: (916) 327-1106 **OR**
Email:
HearingConservationProgram
@dhcs.ca.gov

SEE OTHER SIDE FOR INSTRUCTIONS.

TESTING CONDUCTED

❑ District School Nurse–Audiometrist, per Section 49420, CEC and Section 2950, CCR, Title 17.
❑ District School Audiometrist, per Section 44879, CEC.
❑ District Speech/Hearing Specialist, per Section 49454, CEC.

Testing was conducted by a private agency/individual authorized by the county superintendent, per Section 49452, CEC:

A. Complete identifying information. Insert reporting school year. Your District's "CDS CODE NUMBER" can be obtained from the California Public School Directory; it designates your COUNTY and DISTRICT, i.e., 19-64212 is the Code Number for the ABC Unified Schools in Los Angeles County.

B. COLUMN (1). GRADES IN DISTRICT:

COLUMN (2). Number of Pupils ENROLLED in Each Grade: Enter the number of pupils enrolled in ALL GRADES as of the October (CALPADS) report made to the California Department of Education.

COLUMN (3). INITIAL SCREENING: Number of Pupils SCREENED: Enter the number of pupils in each grade that were screened per Section 2951(c), California Code of Regulations (CCR), Title 17. (Figures for tests conducted in all grades SHALL be included.)

COLUMN (4). Number of Pupils who FAILED BOTH THRESHOLD TESTS: Enter number of pupils who failed BOTH THRESHOLD TESTS per Section 2951(d), CCR, Title 17.

COLUMN (5). Number of Pupils REFERRED for Medical and/or Audiological Evaluation: From column number (4), enter the number of pupils who were referred per Section 2951(d), CCR, Title 17.

COLUMN (6). Number of Pupils EXAMINED by Doctor and/or Audiologist or Under Treatment: From column number (5), enter the number of pupils who reached the doctor and/or audiologist was examined, or who are known to be receiving treatment.

C. SPECIAL EDUCATION: Briefly describe the audiometric, audiological, and medical services used when evaluating and placing pupils in need of special education. (You may attach additional information if necessary.)

D. Check the appropriate boxes describing testing personnel. If any of the testing services were provided by contract with an authorized agency/individual, per CEC, Section 49452, enter the name of the agency/individual.

E. Send a copy of the report as indicated.

**Please direct any questions to the Hearing Conservation Program at
HearingConservationProgram@dhcs.ca.gov.**

THIS REPORT IS DUE ON OR BEFORE JUNE 30 OF THE CURRENT SCHOOL YEAR